

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **731442** (0)

1. Corporation Name

**VOLUSIA COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATION, INC.**



Principal Place of Business

Mailing Address

**635 FOREST LANE  
DELAND FL 32724  
US**

**635 FOREST LANE  
DELAND FL 32724  
US**

3. Date Incorporated or Qualified

**12/23/1974**

4. FEI Number

**23-7420808**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 162 Laurelwood Lane**

**26 162 Laurelwood Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

**23 Ormond Beach, FL**

**28 Ormond Beach, FL**

24 Zip

Country

29 Zip

Country

**32174**

**USA**

**32174**

**USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIRKOWSKI, SAMANTHA  
635 FOREST LANE  
DELAND FL 32724**

81 Name

**Constance Yuschok**

82 Street Address (P.O. Box Number is Not Acceptable)

**162 Laurelwood Lane**

83

84 City

**Ormond Beach**

FL

85 Zip Code

**32174**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Constance P. Yuschok**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**April 14, 1998**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **PIRKOWSKI, SAMANTHA**  
STREET ADDRESS **635 FOREST LANE**  
CITY-ST-ZIP **DELAND FL**

1.1 TITLE **PD** ☐ Change ☒ Addition  
1.2 NAME **Yuschok, Constance**  
1.3 STREET ADDRESS **14 Nottingham Drive 162 Laurelwood Lane**  
1.4 CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **VO** ☒ DELETE  
NAME **YUSCHOK, CONSTANCE**  
STREET ADDRESS **14 NOTTINGHAM DRIVE**  
CITY-ST-ZIP **ORMOND BEACH FL**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE  
NAME **RAMSHAW, LESLIE**  
STREET ADDRESS **307 N BEACH STR**  
CITY-ST-ZIP **ORMOND BEACH FL**

3.1 TITLE **SD** ☐ Change ☒ Addition  
3.2 NAME **Teresa Velaz**  
3.3 STREET ADDRESS **17 Columbia Ridge Way**  
3.4 CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **ST** ☐ DELETE  
NAME **DEPEYSTER, DONNA**  
STREET ADDRESS **1014 N. CLARA AVE.**  
CITY-ST-ZIP **DE LAND FL 32720**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Constance P. Yuschok**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 14, 1998** (901) 676-2332

Date

Daytime Phone # 0013334

CR2E037 (10/97)